



Please complete all fields of this form. All fields **MUST** be completed in order for testing to be authorized. Incomplete forms will result in a delay in authorization. Requests will be approved via **email not by fax**. Please ensure the “point of contact email address” provided on this form is correct.

Point of Contact **email address:** _____

Upon completion of this form, **please fax to the ISDH at 317-234-2812**. An ISDH epidemiologist will follow-up with Zika virus testing authorization requests within 1 business day. For additional questions, please contact the ISDH Epidemiology Resource Center at 317-233-7125.